BEST AVAILABLE COPY

| | | | | | | | | oplication or Docket Number | | | | | |
|---|--|---|---------------------------------------|-------------------------------|---------------------|------------------|------------|-----------------------------|------------------------|-------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 10949 | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | | OTHER THAN | | |
| Γ . | TAL OLABAG | | (Column 1) | | (Column 2) | | TY | TYPE | | OR | SMALL | ENTITY | |
| TOTAL CLAIMS | | | 31 | | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | В | ASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 3 \ minus 20= | | • \ \ | | | X\$ 9= | | OR | X\$18= | 198 | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | 0 | | | X40= | | OR | X80= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | | +135= | | OR | +270= | | |
| * If | the difference | in column 1 is | less than zero, enter "0" in column 2 | | | L | TOTAL | | OR | TOTAL | 908 | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | • | OTHER | | |
| | | (Column 1) | (Colun | | | (Column 3) | | SMALL | ENTITY | OR | SMALL | ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 29 | Minus | ** | .29 | = | | X\$ 9= | | OR | X\$18= | · | |
| | Independent | • 3 | Minus | *** | う | =/ | | X40= | | OR | X80= | | |
| L | FIRST PRESE | NTATION OF MI | JUIPLE DEF | PENDEN | I CLAIM | | | +135= | | OR | +270= | | |
| | | | | | | | <u>L</u> | TOTAL | | OR. | TOTAL ADDIT, FEE | | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | DIT. FEE | | | ADDII. FEE | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | Γ | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | ┟ | X40= | | OR | X80= | | |
| | FIRST PRESE | LTIPLE DEPENDENT | | CLAIM | | | 405 | | 1 | 070 | | | |
| | | • | • | • | | | L | +135= TOTAL | | OR | +270= | | |
| | | | | | | | AD | DIT. FEE | <u> </u> | OR | ADDIT. FEE | | |
| | (Column 1) (Column 2) (Column 2) (Column 2) | | | | | | · <u> </u> | | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUM PREVI | BER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| N N N | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | ï | |
| AME. | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL | | | | | | ┞ | | | | +270= | | |
| | if the entry in colu | mn 1 is less than tl | ne entry in colu | ımn 2. write | e "0" in ∞ | : lumn 3. | Ľ | +135= TOTAL | | OR | | | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |
| ł | • | | • | • | • | - | | • • | | | | | |